



LIMA / ALLEN COUNTY

Building Department

Amy Harpster, Chief Building Official

50 Town Square Lima, Ohio 45801 PH: 419-221-5243

Email: BuildingDept@cityhall.lima.oh.us Fax: 419-221-5189



CONTRACTOR REGISTRATION REQUIREMENTS

1. A copy of a valid, un-expired State of Ohio Contractors License (HVAC, Electrical, Fire Alarm, & Fire Protection). *This requirement does not apply to General Building, Residential Electrical, or Signage Contractors
2. Certificate of Liability Insurance naming the "City of Lima" as the Certificate Holder for at least \$300,000
3. Copy of your current Ohio Workers Compensation Certificate
4. Registration with the City of Lima Tax Department
5. Completed Contractor Registration application
6. Payment of the non-refundable \$50 fee per trade with the exception of the Residential Electrical which is a \$110 fee. Payments are accepted by credit card, check, or money order made payable to "Treasurer City of Lima".

Application for Contractor Registration

Date: _____

Tax ID #: _____

Issue to (Business Name): _____

Applied for by: _____

Business Address: _____
(Street) (City) (State) (Zip Code)

Phone #: _____ Cell #: _____ Fax #: _____

Email Address: _____

Nature of License: To register with the City of Lima / Allen County Building Department as a Contractor. Non-refundable registration fee is **\$50 per trade** with the exception of the *Residential Electrical Contractor fee of \$110.

Sign

General

HVAC

Fire Alarm

Sprinklers

Hood Suppression

Electrical**

Residential Electrical*

*Residential Electrical are able to do only Residential Electrical permits within the City of Lima

Electrical is a State licensed Contractor who is registering to do Commercial Electrical permits in Allen County **and Residential Electrical permits in the City of Lima.

By signing this application, I agree to abide by all Ordinances, Rules, and Regulations pertaining to subject now or hereafter passed by the City Council of Lima and/or by any official empowered to issue such regulations.

Signature: _____ Date: _____

City Income Tax Department Approval: _____

Fee: \$ _____

THIS IS NOT A LICENSE

BUSINESS QUESTIONNAIRE
LIMA / ALLEN COUNTY BUILDING DEPT
50 TOWN SQUARE, LIMA, OH 45801
PH: (419) 221-5243 FAX: (419) 221-5189
Email: BuildingDept@cityhall.lima.oh.us

The following information will aid us in preparing forms for your use under the Income Tax Ordinance. Please fully complete and then return this questionnaire to the above address.

1. NAME OF INDIVIDUAL _____
OR
OWNER(S) _____

2. NAME OF CORPORATION _____

3. TRADE NAME (IF ANY) _____

4. HOME ADDRESS OF OWNER(S) AND/OR ALL PARTNERS. LIST NAME AND TITLES OF MAJOR OFFICE HOLDERS IF A CORPORATION.

	NAME	TITLE	ADDRESS	TELEPHONE
(A)	_____	_____	_____	_____
(B)	_____	_____	_____	_____
(C)	_____	_____	_____	_____

5. LOCATION OF ACTIVITY IN LIMA: _____

6. LOCAL PHONE #: _____ HOME OFFICE PHONE #: _____

7. MAILING ADDRESS: _____

8. DATE WHEN BUSINESS STARTED IN LIMA: _____

9. TYPE OF ORGANIZATION: IND. PROP. ____ PARTNERSHIP ____ CORP. ____

10. SSN (IF IND. PROP.) _____ FED ID NO. _____

11. ARE THERE NOW OR WILL THERE BE EMPLOYEES SUBJECT TO LIMA CITY TAX?
YES _____ NO _____ APPROXIMATE NO. OF EMPLOYEES _____

12. ACCOUNTING PERIOD: CALENDAR YEAR ____ FISCAL YEAR ENDING ____

13. NATURE OF BUSINESS: _____

14. IF YOU ARE A CONTRACTOR AND WILL HAVE SUB-CONTRACTORS WORKING FOR FOR YOU THEN PLEASE LIST THEM ON THE BACK OF THIS FORM.

***NOTE: A FISCAL YEAR ENDING CAN ONLY BE USED WHEN YOUR ACCOUNTING PERIOD USED ON THE FEDERAL RETURN DOES NOT END ON DECEMBER 31.

LIMA INCOME TAX RATE IS 1.500%
PLEASE COMPLETE AND RETURN THIS QUESTIONNAIRE
THANK YOU